

OFFICE OF THE HEALTHCARE ADVOCATE
JOB OPPORTUNITY

HEALTH CARE ADVOCATE PROGRAM MANAGER

[PLEASE FOLLOW THE SPECIFIC APPLICATION FILING INSTRUCTIONS AT THE BOTTOM OF THIS PAGE!](#)

Open To: Public

Location: 450 Capital Avenue, Hartford, CT

Job Posting No: 101932

Hours: Full-time- 40 Hours per week

Salary: (MP 62) \$77,172 - \$105,224 (New hires to state employment start at the minimum salary range)

Closing Date: December 8, 2014 - Application package must be received by 4:30 p.m. by this date.

The Office of the Healthcare Advocate is recruiting for a Healthcare Advocate Program Manager to develop, implement and manage programs and activities related to promotion and protecting interests of individuals covered under managed care health plans in Connecticut; educates and assists consumers with external appeal process; facilitates complex consumer complaints especially those involving medical necessity; reviews and resolves consumer complaints; provides assistance to consumers in managed care plan selection; directs staff and operations of assigned program(s); coordinates and plans programs(s) activities; formulates or assists in formulation of program(s) goals and objectives; develops or assists in development of related policy; interprets and administers pertinent laws and regulations; assists in preparation of program budget; maintains contacts with individuals both within and outside of division who might impact on program activities; develops, implements and manages training programs for assigned staff consisting of on-the-job training, in-house training programs and formal education; resolves disciplinary issues; performs related duties as required.

Duties Include but not limited to: Manage the staff and operations of the Department of Children and Families' Voluntary Services (DCF VS) project, the Behavioral Health Clearinghouse unit and other special projects. Oversees associated staff for both projects, Provides consumer education and coaching on healthcare coverage for public and private plans, including behavioral health coverage, conducts case management; case review; medical records review; coordinates internal and external consumer appeals; liaisons with health plans, providers, consumers, families, government agencies; leads consumer presentation at appeal hearings; assists in the design of, and participate in, agency quality improvement activities; and outreach. Provides guidance to staff regarding referrals or potential issues that arise during phone calls to the Behavioral Health Clearinghouse or on the DCF VS project, Participates in task forces and councils as requested; conducts performance reviews. Performs related duties as required

Knowledge, Skills and Abilities:

Considerable knowledge of and ability to apply relevant state and federal laws, statutes and regulations; considerable knowledge of financial and business operations, statutory accounting and financial procedures related to insurers, hospital and medical service corporations and health maintenance organizations; considerable knowledge of health benefits, case management, utilization review and managed care appeal process; considerable knowledge of consumer issues in area of health insurance or managed care; considerable knowledge of program development and management in areas of health care, health insurance and customer service; knowledge of and ability to apply management principles and techniques; knowledge of business operations of health care providers and health maintenance organizations; knowledge of methods used by other state insurance regulatory bodies; knowledge of in-service training and instructional methods; knowledge of economic and research techniques; knowledge of state legislative process; considerable interpersonal skills; considerable oral and written communication skills; ability to interpret proposed legislation and determine application and impact on program

General Experience: Eight (8) years of experience in health care advocacy, insurance regulation, the insurance industry, nursing, managed care and/or health care administration..

Special Experience: At least two (2) years of the General Experience must have been in a lead capacity or consultative capacity.

Substitutions Allowed:

1. College training may be substituted for the General Experience on the basis of fifteen (15) semester hours equaling one-half (1/2) year of experience to a maximum of four (4) years for a Bachelor's degree.
2. A Master's degree in health care advocacy, health care management, nursing, business administration, insurance, finance, public administration, public health or other related areas may be substituted for one (1) additional year of the General Experience.

SPECIAL REQUIREMENTS:

- 1. Incumbents in this class may be required to travel.
- 2. Incumbents in this class may be required to possess and retain a valid Motor Vehicle operator's license.

Note: The filling of this position will be in accordance with reemployment, SEBAC, transfer, promotion and merit employment rules, if applicable.

APPLICATION INSTRUCTIONS: To be considered for this position, qualified candidates must submit a cover letter, resume, and Application for Employment (CT-HR-12 form) located at www.das.state.ct.us/exam to be received no later than the Closing Date noted above. Current State employees must also include copies of their two (2) most recent performance appraisals. **Submit application package to:**

Carmen Rivera
Human Resources Assistant
P.O. Box 816
Hartford, CT 06142-0816

OR

E-MAIL: CID.HR@CT.GOV / Overnight mail address: 153 Market Street, 7th Floor, Hartford, CT 06103

***Incomplete or late application packages will not be considered. Due to the large volume of applications expected to be received, we are unable to confirm receipt of applications.**

AN AFFIRMATIVE ACTION / EQUAL OPPORTUNITY EMPLOYER

The State of Connecticut is an equal opportunity/affirmative action employer and strongly encourages the applications of women, minorities, and persons with disabilities.